

N. B.—in case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in o. birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.

ARIZONA TERRITORIAL BOARD OF HEALTH
BUREAU OF VITAL STATISTICS.

PLACE OF BIRTH
County of Gila
District of Rice
Town of Rice
City of Rice

67
66
65

Rec'd NOV - - 1909 CERTIFICATE OF BIRTH.

Ter. Index No. 85
Register No. 85
St.; Ward

FULL NAME OF CHILD Helen Carmen South
If child is not named, make Supplemental report on blank obtainable from local registrar.

| | | | | | |
|---|--------------------------------------|-----|---|-------------------------|---|
| Sex of Child <u>Girl</u> | Twin, Triplet or other <u>Single</u> | and | Number in order of birth <u>5</u> | Legiti mate? <u>yes</u> | Date of Birth <u>July 16th</u> 190 <u>9</u> |
| FATHER | | | MOTHER | | |
| Full Name <u>Frank Robert South</u> | | | Full Maiden Name <u>Mercedes Diaz</u> | | |
| Residence <u>Rice Ariz</u> | | | Residence <u>Rice Ariz</u> | | |
| Color or Race <u>White</u> Age at last Birthday <u>32</u> (Years) | | | Color or Race <u>Mexican</u> Age at last Birthday <u>26</u> (Years) | | |
| Birthplace <u>Beeville Texas</u> | | | Birthplace <u>Cannatlan Durango Mexico</u> | | |
| Occupation <u>Rail Road Section Foreman</u> | | | Occupation <u> </u> | | |

Number of child of this mother 5 Number of children, of this mother, now living 5 Were precautions taken against Ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on , 1909, at M.

*When there is no attending physician or midwife, then the householder should make this return. See instructions on back.

Given or christian name added from a supplemental report 1909 Filed 1909

Address Rice Ariz
 LOCAL REGISTRAR
 COUNTY REGISTRAR

828-276-449
COUNTY REGISTRAR